## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L21201

City-St-Zip:

PLANT CITY, FL 33567

Entity Name: PRINCETON CONSTRUCTION CO., INC.

FILED Jan 15, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1801 THONOTOSASSA RD 1801 THONOTOSASSA RD SUITE 4 SUITE 4 PLANT CITY, FL 33566 PLANT CITY, FL 33563 **New Mailing Address: Current Mailing Address:** 2709 MAJESTIC OAKS CT 2804 WILDER PARK DR PLANT CITY, FL 33566 US PLANT CITY, FL 33566 US FEI Number: 59-2976270 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, MCLEAD L JR THOMAS, MCLEOD L JR 2709 MAJESTIC OAKS CT 2804 WILDER PARK DR PLANT CITY, FL 33566 US PLANT CITY, FL 33566 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: THOMAS L. MCLEOD, JR. 01/15/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition

COOK, ARTHUR G., Name: Name: 3226 KILMER DRIVE Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: COOK, BEN D., Name: 1652 SPRINGHOUSE TR Address: Address: VIRGINIA BEACH, VA 23455 City-St-Zip: City-St-Zip: Title: Title: PDST () Delete PDST (X) Change ( ) Addition MCLEAD, THOMAS L MCLEOD, THOMAS L Name: Name: 2709 MAJESTIC OAKS CT 2804 WILDER PARK DR Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: PLANT CITY, FL 33566 Title: **VPD** () Delete Title: () Change () Addition BARKER, LAWRENCE A Name: Name: Address: 3460 SILVER MEADOW WAY Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS L MCLEOD, JR. PDST 01/15/2003